

111TH CONGRESS
1ST SESSION

H. R. 2390

To provide for a Medicare prescription drug outreach demonstration program for individuals who are eligible for benefits under the Medicare Program and for medical assistance under Medicaid and who have mental disabilities.

IN THE HOUSE OF REPRESENTATIVES

MAY 13, 2009

Ms. ROYBAL-ALLARD (for herself and Mr. SESSIONS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide for a Medicare prescription drug outreach demonstration program for individuals who are eligible for benefits under the Medicare Program and for medical assistance under Medicaid and who have mental disabilities.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Guidance, Under-
5 standing, and Information for Dual Eligibles (GUIDE)
6 Act”.

1 **SEC. 2. FINDINGS; PURPOSE.**

2 (a) FINDINGS.—The Congress finds the following:

3 (1) Nearly 8,800,000 Americans were eligible
4 for benefits under the Medicare program and for
5 medical assistance under Medicaid (dual eligible
6 beneficiaries) in fiscal year 2005. Of these “dual eli-
7 gible beneficiaries”, almost 40 percent have cognitive
8 impairments, including Alzheimer’s disease, demen-
9 tia, serious mental illnesses, and intellectual disabil-
10 ities. Until December 31, 2005, dual eligible bene-
11 ficiaries received outpatient prescription drug bene-
12 fits through medical assistance under Medicaid. On
13 January 1, 2006, drug coverage for dual eligibles
14 switched from Medicaid to Medicare.

15 (2) In 2008, 53 percent of dual eligible bene-
16 ficiaries had medication access problems and of
17 those, 27 percent experienced significant adverse
18 clinical events.

19 (3) Individuals with medication access issues
20 experience significantly more adverse clinical events.
21 Among dual eligible beneficiaries with mental illness
22 who had medication access problems, 27 percent ex-
23 perience significant adverse clinical events, which
24 included emergency room visits and hospitalizations.

25 (4) In total, over 1,000,000 dual eligible bene-
26 ficiaries and low-income subsidy beneficiaries were

1 automatically auto-enrolled to new benchmark pre-
2 scription drug plans under part D of the Medicare
3 program between 2006 and 2007.

4 (5) Community providers are at the front line
5 of helping the most vulnerable dual eligible bene-
6 ficiaries obtain prescription drug coverage under the
7 Medicare program and navigate complex enrollment
8 and low-income subsidy eligibility requirements
9 under such program.

10 (b) PURPOSE.—It is the purpose of this bill to help
11 low-income persons with cognitive impairments to enroll
12 in and navigate the prescription drug benefit under the
13 Medicare program by providing front line community pro-
14 viders who serve the population daily with financial assist-
15 ance to conduct vigorous education and outreach and di-
16 rect case management.

17 **SEC. 3. MEDICARE PRESCRIPTION DRUG OUTREACH DEM-**
18 **ONSTRATION PROGRAM FOR DUAL ELIGIBLE**
19 **BENEFICIARIES WITH MENTAL DISABILITIES.**

20 (a) IN GENERAL.—The Secretary of Health and
21 Human Services (in this section referred to as the “Sec-
22 retary”) shall establish a 3-year demonstration program
23 (in this section referred to as “the demonstration pro-
24 gram”) under which the Secretary awards grants and con-
25 tracts to appropriate, qualified community programs and

1 clinics for individuals with intellectual or developmental
 2 disabilities or such programs that are described in sub-
 3 section (b)(1) of section 1913 of the Public Health Serv-
 4 ices Act, regardless of whether such program meets the
 5 criteria described in subsection (c) of such section, to em-
 6 ploy qualified social workers and case managers to provide
 7 Medicare prescription drug assistance described in sub-
 8 section (c) to target full-benefit dual eligible individuals.
 9 As a condition of receipt of a grant or contract under this
 10 subsection, a program or clinic shall collect and maintain
 11 data identified by the Centers for Medicare & Medicaid
 12 Services as critical for the final evaluation and report to
 13 Congress described in subsection (d).

14 (b) TARGET FULL-BENEFIT DUAL ELIGIBLE INDIVIDUAL
 15 DEFINED.—For purposes of this section, the term
 16 “target full-benefit dual eligible individual” means a part
 17 D eligible individual, as defined in section 1860D-
 18 1(a)(3)(A) of the Social Security Act (42 U.S.C. 1395w-
 19 101(a)(3)(A)), who is a full-benefit dual eligible individual
 20 (as defined in section 1935(c)(6) of the Social Security
 21 Act (42 U.S.C. 1396u-5(c)(6))) with one or more mental
 22 disabilities, including mental retardation, dementia, men-
 23 tal illnesses, Alzheimer’s disease, autism, or any other re-
 24 lated condition that produces serious cognitive impair-
 25 ments.

1 (c) TYPES OF ASSISTANCE.—For purposes of sub-
2 section (a), the Medicare prescription drug assistance de-
3 scribed in this subsection is one-on-one counseling with re-
4 spect to one or more of the following areas of assistance:

5 (1) Assistance with initial enrollment in a pre-
6 scription drug plan under part D of title XVIII of
7 the Social Security Act or in an MA–PD plan under
8 part C of such title.

9 (2) Assistance with switching from one such
10 prescription drug plan or MA–PD plan to another
11 such prescription drug plan or MA–PD plan.

12 (3) Assistance with filing for an exception to a
13 formulary used by such a plan.

14 (4) Assistance with filing a grievance, reconsid-
15 eration, or appeal under section 1860D–4 of the So-
16 cial Security Act (42 U.S.C. 1395w–104), including
17 assistance with collecting relevant information to file
18 such a grievance, reconsideration, or appeal.

19 (5) Assistance with navigating utilization man-
20 agement programs administered by a PDP sponsor
21 offering a prescription drug plan under part D of
22 title XVIII of the Social Security Act or a Medicare
23 Advantage organization offering an MA–PD plan
24 under part C of such title.

1 (6) Assistance with obtaining prescription drugs
2 from pharmacies participating with such a plan.

3 (7) Assistance with facilitating contact with the
4 Medicare Beneficiary Ombudsman appointed under
5 section 1808(c) of the Social Security Act (42
6 U.S.C. 1395b–9).

7 (d) EVALUATION AND REPORT.—

8 (1) EVALUATION.—The Secretary shall provide
9 for an evaluation of the demonstration program.
10 Such evaluation may include an analysis of—

11 (A) the utilization of the assistance pro-
12 vided under the program;

13 (B) the satisfaction of target full-benefit
14 dual eligible individuals with such assistance;
15 and

16 (C) the success of the program in—

17 (i) facilitating access by such individ-
18 uals to covered part D drugs (as defined in
19 section 1860D–2(e) of the Social Security
20 Act (42 U.S.C. 1395w–102(e)); and

21 (ii) medication compliance.

22 (2) REPORT.—Not later than 6 months after
23 the date of the completion of the demonstration pro-
24 gram, the Secretary shall submit to Congress a re-
25 port on such evaluation and shall include in such re-

1 port recommendations regarding the feasibility of
2 permanently funding an education and outreach pro-
3 gram on the prescription drug benefit under the
4 Medicare program for target full-benefit dual eligible
5 individuals.

6 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
7 authorized to be appropriated for each of the fiscal years
8 2011 through 2013—

9 (1) to carry out this section (other than sub-
10 section (d)), \$10,000,000; and

11 (2) such sums as may be necessary to carry out
12 subsection (d).

○